LeCours, Catherine

From: LeCours, Catherine

Sent: Wednesday, February 14, 2007 10:10 AM

To: 'Goeldner.Deb@epamail.epa.gov'

Cc: mark.stockwell@ttemi.com; Mccomb.Martin@epamail.epa.gov; hoogerheide.roger@epa.gov; Surbrugg, Edward -- EMI; Dorian, Randy -- EMI; 'Madej, Edward -- EMI'; Paul Peronard (Peronard.Paul@epamail.epa.gov)

Subject: Troy Forms

Importance: High

Deb (and TtEMI),

PAUL – SAVE TIME AND SKIP TO #2 and #16, BULLET IN ORANGE PRINT

Please see the fax I sent to TtEMI and Deb also.

I am so sorry to be a pain – I will just leave this e-mail open until I finish with all the forms so you don't get 100 individual e-mails! Please forgive me if I am "telling you the obvious" as I have folders and notepads of notes that I am going through and just need to pass along the sorted information. Some of these are my brain running and I'm thinking out loud – but hopefully you can not only follow my thoughts but have answers too!

1. I have in my notes to make sure that our PDA forms include a field for "OU" to be pre-populated with OU07 to directly populate Libby 2.
2. Paul – Pat Carnes indicated a concern about using the word "contamination" in our forms. She states: Until visible vermiculite is deemed "contamination" by EPA, questions related to "visual evidence of contamination" should be reworded to "visible evidence of vermiculite". Please advise Deb on the wording. Thanks
3. If the interview/IFF form has a field that is a yes/no question, and if the answer is no, the person can "skip to question 11" for example, can we set up the PDA's to automatically do that? If so, please do so. I noted such instances on the forms.
4. All of our Sample ID's begin with TT and then 5 digits (for Troy TAPE) if you want to pre-populate all those fields.
5. Any time the form asks for "business name" please allow N/A to be a drop down or even default.
6. On the Personal Air FSDS, please include "Multiple Addresses" as a drop-down choice for the address field. If a single worker is wearing a pump the entire day, we can't link them back to a single address. CDM in Libby uses "Multiple Addresses" as the default for such cases.
7. Also on the Personal Air FSDS, please only allow for 4 spaces at the SSN entry – as the SSN is only the last four digits of the employees SSN and thus the results can be presented without names but also the privacy of the SSN is not compromised for the employee. (Wow, the things you learn when you ask questions – I didn't know half this stuff until just now...)
8. Another for the Personal Air FSDS, ALL personal air samples are assigned the LOCATION ID as MA00001 – to reflect multiple addresses. Sounds like this is an automatic for the PDA default.
9. The field log books will be identified by a numbering system – so please add TR with a space with 4 digits every time Field Log Book is entered and then allow 3 digits for page numbers. (Mark – the field log books will be assigned to each team at the beginning of each day or week)
10. On the Soil FSDS, please make the "Location ID" read "Sample Point ID" with the prefix "SP" on the forms. Again, I hope you can link it back to the right location in the database, but the field forms need to make sense to the teams. In theory, each Soil Sample ID number should have a corresponding SP number, which is another identifier for the GPS coordinates. So two things, can you link the GPS coordinates automatically to the Soil ID # in the PDA and then assign a unique SP number automatically or do we need to assign the SP's manually? And, as a QC check (we talked about not being able to leave the property and close the forms if some fields are left blank or error checks) make sure that every soil sample ID has

an SP, and if they don't make sure the field team has to manually enter (or select from the drop down) that they were unable to get GPS signal/readings and that the location is marked on the property sketch.

11. If you can add another QC check later, I'll let you know the numbering system that we will be using for our identification numbers. For example, we may begin our AD# at 10,000 and above – so a check could be anything less than 10,000 is an error?
12. FSDS for Soil – The field team is to assign a yard or flower garden to a specific building – thus the BD# at the bottom of the page. Here is another opportunity for QC check? Make sure that the soil sample ID number relates to a valid BD number under the same AD#. If we are sampling an earthen basement or inside a garage with a dirt floor then we would not be able to collect a GPS – so maybe another drop down option under SP# is sample collected from crawl space or garage floor?
13. I've asked Pat Carnes about the "Sample Group" on the Soil and other FSDS. I don't have any idea what is being asked there. – see following e-mail
14. On the Dust FSDS Sample Group – is that information redundant if we link each dust sample back to a BD#? Can you automatically populate the field in this form from the information collected under the BD IFF form? Or...is this a good QA/QC check to have the field teams enter this info here also and a flag comes up if the two entries don't match?
15. Dust FSDS – my recent comments from the TAU indicate they don't want differentiation between high traffic and horizontal surfaces for the dust samples. They want more aliquots and no separation of locations. This will get a better "average." So, not sure we need this field.
16. We need to make business rules for the entry of the field team names. If we use code in the field, can Scribe de-code when entering into the database? I'm just wondering because someone with a long name won't want to enter the entire name each time. Maybe the last four of the SSN and then cross-reference to the personal samples? Just a thought...
17. Primary IFF form –
    - I would like to have the same information gathered as I have indicated in the table on the first page of the interview form included in the TAPE. I would like physical address, mail address, and phone numbers for both occupant and owner. "SAA" can be a drop down option or a default for the occupant fields, since a majority of owners and occupants will be the same. But I really want to have a handle on mailings, etc. and this information will also need to go into the "Administrative" database. Within this table or series of questions – can we allow for maybe a "checkbox" or something to indicate the "primary contact" for the property? This is question #1 of the TAPE interview form.
    - Even though the information will be the same, I would like the PDA's to still allow for an "interview" portion and then a data collection portion. I don't like the fact that some of the questions that I consider "interview" type are buried in the data collection portion. I would like to make it easy for the field teams to visit with the owners, get the information then need and then move on their way through the property without having to ask lots of questions during the actual inspection. I think that will flow better in the field. I have tried to indicate the order of the questions on the faxed forms.
    - My version of the IFF combines the Primary and Secondary structure forms into a long series of sheets. My intent when I drafted the IFF was to not kill trees and only use appropriate forms for each property. Now that we have the PDA's, we could still have a separate "sheet" for each building type and only populate those that apply to that property. (please use Building and NOT Structure as we were very careful in the TAPE... structure=asbestos fiber for some)
    - Paul was very clear that he wants information collected on the children in the house. This is reflected in question #2 of the TAPE form. Maybe change the "age" question to date of birth so that we can always have a handle on the ages. The TAPE form also includes the request for an asterisk if they participated in the interview and some suggestions for drop down options under comments.
    - As a close-out for the property and QC check, can we have the PDA produce a list of BD#'s that have been assigned to the AD#? That way the field team can confirm before they leave the property that all buildings have been recorded properly?
    - Looks like most of the questions asked in the TAPE IFF form are too much detail for inspection stage and maybe better suited for PDI stage. So I would trust and use the CDM-provided forms, except for the additional questions for the interview.
    - I think we need to add the outdoor inspection information to the Secondary Building form so that we can have the opportunity to assign a BD# to outside areas and vice versa. For example, if the garage has a flower bed, then we'll need to know it's the garage's flower bed and not the primary residence's flower bed.
    - Deb, as you can see there are also some repeat questions as we talked about on the phone.
    - Additional questions from the TAPE Interview Form to please include on the Primary Residence

Interview section: Questions Number 11 (include before the "purchase" question from CDM's form), questions 12-15 of the TAPE form are somewhat answered through the actual inspection process. The questions on the TAPE include "was vermiculite used for insulation (the CDM form asks both current and past use?), is dust visible (that is noted during inspection but can also be asked in case the resident recently cleaned?), etc. Not sure we need to repeat, but maybe make sure (by tweaking the PDA form) the teams ask and then confirm the answers – but only enter field-verified, inspection-based answers? Paul????

- Please add question #17 from the TAPE Interview form to the Interview section of the CDM Primary form.

I'm not sure how we want to work a Photo log into the PDA's – I'll leave that up to Tetra Tech and Deb to discuss.

I'm not sure the exact look of the forms in the hard copy of the TAPE is all that important to exactly match what the computer screens are going to look like. As long as the forms in the TAPE reflect the information that will be collected and a reasonable attempt at reflecting some of the drop down choices, I would be satisfied. Any thoughts??? Deb may be able to get us printouts of the PDA screens to use as the appendix of the TAPE but they won't come until early April.

Ed Madej – Deb would like for you to make sure that all the property identification fields (like physical address, owner, mailing address) are reflected in the Main Geo database layer.

Ed Surbrugg and Mark – At some time before we start, can you provide Deb with a list of the names of the field team members so she can create a drop-down list for the PDA forms?

Mark - we need to incorporate the Stationary Air FSDS into our TAPE for worker samples in both the prep-lab and the office.

Catherine LeCours
Remediation Division
Montana Dept of Environmental Quality
Phone: (406) 841-5040

"If my hands are fully occupied holding on to something, I can neither give nor receive." *Dorothee Solle*

Add AD# and BD# 6 digits

TROY ~~LIBBY~~ FIELD SAMPLE DATA SHEET (FSDS) FOR STATIONARY AIR

6 digits

~~Sheet No: SA 00xxxx~~

Field Logbook No: TR: XXXX Page No: XXX Sampling Date: format

Physical Address: _____ Owner/Tenant: _____

Business Name: _____

Land Use: Residential School Commercial Mining Roadway Other ( )

Sampling Team: ~~MACTEC CDM Other~~ ITEMI Other Names: _____

Data Item	Cassette 1	Cassette 2	Cassette 3
~~Index ID~~ SAMPLE ID	TT XXXXX mobile lab and Troy office indoor worker exposure samples -		
~~Location ID~~	don't need for our indoor worker samples, but can treat like other GPS - SP##		
Sample Group			
Location Description	drop down: Prep LAB Troy office		
Category (circle)	FS FB-(field blank) LB-(lot blank) DB-(prep-dry blank)	FS FB-(field blank) LB-(lot blank) DB-(prep-dry blank)	FS FB-(field blank) LB-(lot blank) DB-(prep-dry blank)
Matrix Type (circle)	Indoor Outdoor NA	Indoor Outdoor NA	Indoor Outdoor NA
Filter Diameter (circle)	25mm 37mm	25mm 37mm	25mm 37mm
Pore Size (circle)	TEM- .45 PCM- 0.8	TEM- .45 PCM- 0.8	TEM- .45 PCM- 0.8
GPS Status (circle)	Collected Not Collected-no signal (3 attempts) Not Collected-not required for sample	Collected Not Collected-no signal (3 attempts) Not Collected- not required for sample	Collected Not Collected-no signal (3 attempts) Not Collected- not required for sample
GPS File (fill in or circle)	Filename:_____ NA	Filename:_____ NA	Filename:_____ NA
Flow Meter Type (circle)	Rotometer? DryCal ? NA ?	Rotometer DryCal NA	Rotometer DryCal NA
Pump ID Number	our drop down may change - not sure what we are using		
Flow Meter ID No.			
Start Date	format		
Start Time	military?		
Start Flow (L/min)			
Stop Date			
Stop Time			
Stop Flow (L/min)			
Pump fault? (circle)	No Yes NA	No Yes NA	No Yes NA
MET Station onsite? (circle)	No Yes NA	No Yes NA	No Yes NA
Sample Type (circle)	Pre Post Clear 2nd Clear 3rd Clear NA	Pre Post Clear 2nd Clear 3rd Clear NA	Pre Post Clear 2nd Clear 3rd Clear NA
Field Comments Cassette Lot Number:_____	Archive Blank (circle): Yes No	Archive Blank (circle): Yes No	Archive Blank (circle): Yes No
Entered (LFO): _____	Volpe: Entered _____ Validated _____	Volpe: Entered _____ Validated _____	Volpe: Entered _____ Validated _____

For Field Team Completion (Provide Initials)	Completed by:	QC by:

AD #
TROY BD # - one sheet per Buildings
~~LIBBY~~ FIELD SAMPLE DATA SHEET (FSDS) FOR DUST

Sheet No.: D- 00«seq»

Field Logbook No: TRXXXX Page No: XXX Sampling Date: format

Physical
Address: _____ Owner/Tenant: _____

Business Name: _____

Land Use: Residential School Commercial Mining Roadway Other ( )

Sampling Team: ~~MACTEC CDM~~ Other _____ Names: _____
TTEMI

Data Item	Cassette 1	Cassette 2	Cassette 3
Index ID			
Location ID			
Sample Group (circle) (Subgroup of the property)	~~Is this~~ see email	Garage, House, Shed, Pump House Other_____	Garage, House, Shed, Pump House Other_____
Location Description (circle) (Detailed description point within the location)	Basement, Ground Floor, Second Level Other_____	Basement, Ground Floor, Second Level Other_____	Basement, Ground Floor, Second Level Other_____
Matrix Type (circle)	Horizontal Surfaces High Traffic Areas Other_____	Horizontal Surfaces High Traffic Areas Other_____	Horizontal Surfaces High Traffic Areas Other_____
Category (circle)	FS FB-(field blank) LB-(lot blank)	FS FB-(field blank) LB-(lot blank)	FS FB-(field blank) LB-(lot blank)
Sample Area (cm^2) (circle)	100 200 300 NA	100 200 300 NA	100 200 300 NA
Filter Diameter (circle)	25mm 37mm	25mm 37mm	25mm 37mm
Pore Size (circle)	TEM- .45 PCM- 0.8	TEM- .45 PCM- 0.8	TEM- .45 PCM- 0.8
Flow Meter Type (circle)	Rotometer Dry-Cal NA	Rotometer Dry-Cal NA	Rotometer Dry-Cal NA
Pump ID No.	as on AIR FSDS		
Flow Meter ID No.			
Start Time			
Start Flow (L/min)			
Stop Time			
Stop Flow (L/min)			
Pump Fault? (circle)	No Yes	No Yes	No Yes
Field Comments Cassette Lot Number: _____	100 cm^2 100 cm^2 100 cm^2 ? not sure what these are Archive Blank (circle): Yes No	100 cm^2 TH wants us to go 100 cm^2 from 3 to 100 cm^2 10-30 aliquots Archive Blank (circle): Yes No	100 cm^2 100 cm^2 100 cm^2 Archive Blank (circle): Yes No
Entered (LFO) _____	Volpe: Entered ____ Validated ____	Entered _____ Validated _____	Entered _____ Validated _____

For Field Team Completion (Provide Initials)	Completed by	QC by

AD: XXXXXX ~~Sheet No.: S-00«seq»~~

TROY
~~LIBBY~~ FIELD SAMPLE DATA SHEET (FSDS) FOR SOIL

Field Logbook No: TRXXXX Page No: XXX Sampling Date: format

Physical Address: _____ Owner/Tenant: _____

Business Name: _____

Land Use: Residential School Commercial Mining Roadway Other (

Sampling Team: ~~MACTEC GDM~~ TtEMI Other _____ Names: _____

Data Item	Sample 1	Sample 2	Sample 3
~~Index ID~~ SAMPLE ID	TT- XXXXX		
~~Location ID~~ SAMPLE POINT ID	SP-XXXXXX (these will be used to identify the GPS coordinates for each sample - Can you automatically Link?)		
Sample Group			
Location Description (circle)	Back yard Front yard Side yard Driveway Other _____ any more for drop down?	Back yard Front yard GARDEN? Side yard PLANTER? Driveway PLAY AREA? Other _____	Back yard Front yard Side yard Driveway Other _____
Category (circle)	FS FD of _____ EB LB	FS FD of _____ EB LB	FS FD of _____ EB LB
Matrix Type (Surface soil unless other wise noted)	Surface Soil Other _____	Surface Soil Other _____	Surface Soil Other _____
Type (circle)	Grab Comp. # subsamples _____	Grab Comp. # subsamples _____	Grab Comp. # subsamples _____
GPS Status (circle) drop down?	Collected Not Collected-no signal (3 attempts) Not Collected-not required for sample	Collected Not Collected-no signal (3 attempts) Not Collected-not required for sample	Collected Not Collected-no signal (3 attempts) Not Collected-not required for sample
GPS File (fill in or circle)	See email Filename:_____ NA	Filename:_____ NA	Filename:_____ NA
Sample Time	MILITARY?		
Top Depth (inches below ground surface)			
Bottom Depth (inches below ground surface)			
Field Comments *Note if vermiculite is visible in sampled area*	BD-_____	BD-_____	BD-_____
Entered (LFO) _____	Volpe: Entered _____ Validated _____	Volpe: Entered _____ Validated _____	Volpe: Entered _____ Validated _____

For Field Team Completion (Provide Initials)	Completed by:	QC by:

vs 040706

(I) = Interview questions
Please move up front

(B) = Linked to a unique BD #

AD # _____
BD# _____

☐ Soil samples collected (Date: _____)

LIBBY ASBESTOS PROJECT
Contaminant Screening Study
Primary Structure and Property Assessment Information Field Form (Primary IFF)

Field Logbook No.: TR XXXX Page No.: XXX Site Visit Date: format

Address: _____ Structure Description: what is in this?

(I) Occupant: _____ Phone Number: _____

(I) Owner (if different than occupant): _____ Phone Number: _____

Business Name: _____

Sampling Team: _____

Field Form Check Completed by (100% of forms): _____

Screening Field Check Completed by (2% of forms): _____

Data Item	Value	Notes
HOUSE ATTRIBUTES		
(I) Property Description	Residential Industrial Commercial	
(I) Surrounding Land Use	Residential Industrial Commercial School Mining Other: _____	
(B) Year of Construction	_____ Unknown	
(B) Square Footage		
(B) Construction Material	Wood frame Masonry/Stone Other: _____	
Number of Floors Above Ground	1 2 3 Other: _____	
Number of Rooms Per Floor Above Ground	1: ____ 2: ____ 3: ____ Other: _____	
Basement	Yes No	
Heating Source	Wood/Coal Electric Propane/Gas Other: _____	
Heat Distribution	Forced air Radiant Other: _____	

CSS Primary Structure IFF (continued)

AD# ____

Address: ____

BD# ____

Data Item	Value	Notes
OCCUPANT INFORMATION		
Was the residence/building remodeled? BUILDING	Yes No If yes, When (years): <2 2-5 >5 Where: Attic Living Areas Garage Basement Other:____	
INTERVIEW → Has resident/business purchased any Libby vermiculite materials from W.R. Grace in the past?	Yes No	
Has the property at this location been used for a for-profit enterprise of distributing, treating, storing, or disposing of Libby vermiculite?	Yes No	
CONTAMINANT SCREENING STUDY ASSESSMENT		
Occupant Information asked Pat If there are answers, then yes? ?	☐ Verbal Interview Complete:____	
I Is there any knowledge of former miners, close relatives of miners, or any highly exposed persons living or visiting the property? ok. not repeat of TAPE # 8	Yes No Unknown	If unknown, why?
I Is the resident, past or present, diagnosed with an asbestos-related disease?	Yes No Unknown	If unknown, why?
Indoor Information ?	☐ Indoor Visual Inspection Complete:____	
B Does the interior have vermiculite attic insulation?	Yes No Unknown	If unknown, why? no access (drop down?)
Did the interior ever have vermiculite attic insulation? NA applies if attic currently has VCI	Yes No Unknown NA	If unknown, why?
Are there vermiculite additives in any of the building materials?	Yes No Unknown	If unknown, why? Type and location of building material:

CSS Primary Structure IFF (continued)

Address:_____ BD# _____

Data Item	Value	Notes
(B) Location of indoor vermiculite (circle all that apply)	Attic Walls Crawl Space None Visual in Living Space: Basement, Ground Floor, Second Floor, Attached Garage Other:_____	If in living space, provide specific location:
Outdoor Information	❒ *Outdoor Visual Inspection Complete:*_____	
(B) Location of outdoor vermiculite (circle all that apply) field team needs to use judgement to assign an outdoor area to a specific bld	Driveway Flowerbed Garden Yard Former Flowerbed Former Garden Stockpile None Other_____	
Overall Assessment	❒ Reconnaissance (Verbal Interview, Indoor, Outdoor Inspection) Complete:_____	
(I) Are primary source materials present at the property?	Yes No	
(I) Where are primary source materials located?	Inside Outside Both NA	NA applies if no primary source materials are located at the property.

ADDITIONAL INFORMATION (Note any partial access or sample collection issues)_____

ut
t
nd
of
inspection

to be Scanned

AD

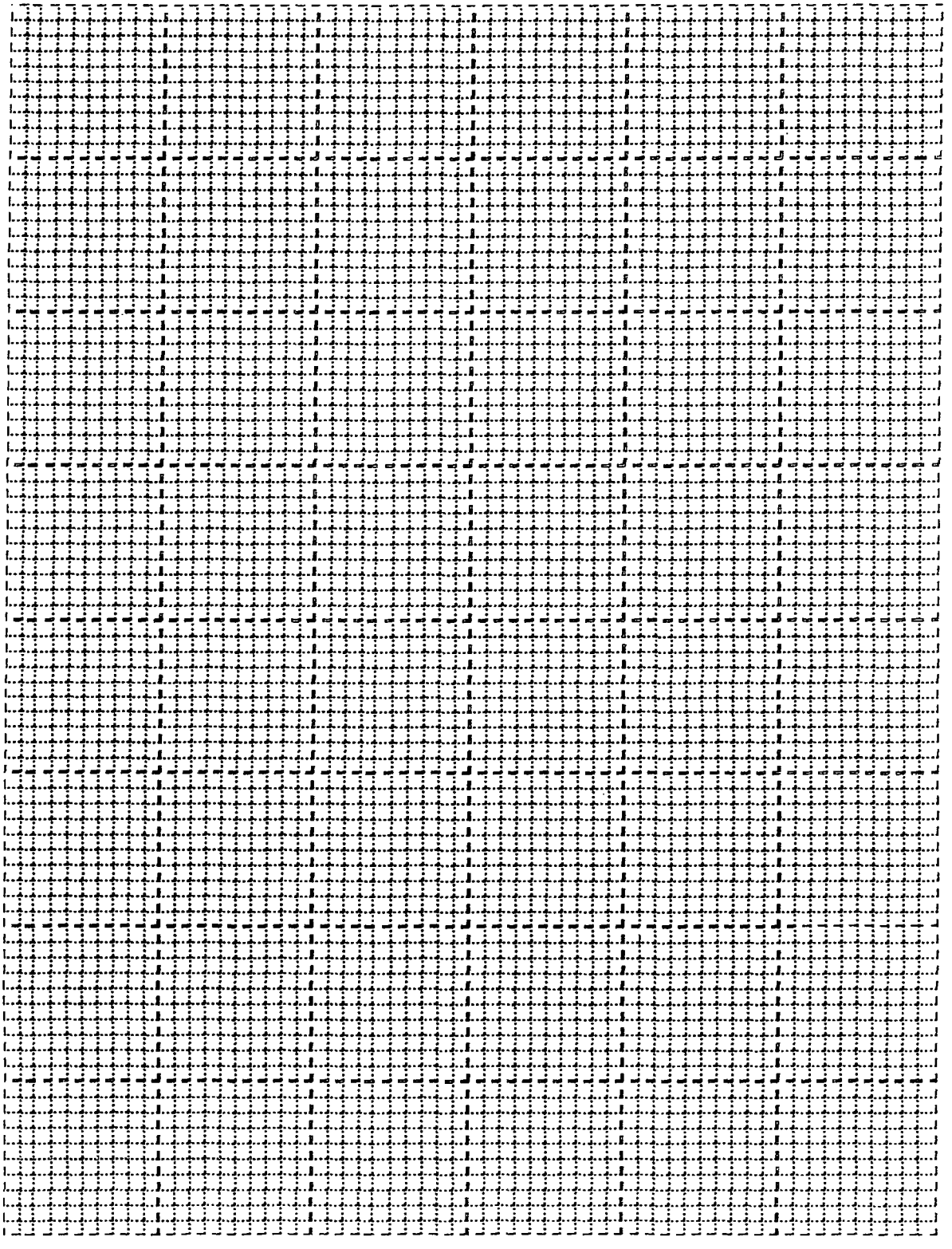
CSS Primary Structure IFF (continued)

Address:_____ ~~BD~~#_____

FIELD DIAGRAM OF PROPERTY

Identify important features (i.e. drainage, trees, gardens, structures, flowerbeds, utility poles, known underground utilities, suspected Libby amphibole source areas, sample locations, etc). **Include north arrow.**

NOT TO SCALE



BD#_____

LIBBY ASBESTOS PROJECT
Contaminant Screening Study
Secondary Structure Information Field Form (Secondary IFF)

repeat

Field Logbook No.: TRXXXX Page No.: XXX Site Visit Date: _____

Address: _____ Structure Description: _____

Occupant: _____ Phone Number: _____

Owner (if different than occupant): _____ Phone Number: _____

Business Name: _____

Sampling Team: _____

Field Form Check Completed by (100% of forms): _____

Screening Field Check Completed by (2% of forms): _____

Data Item	Value	Notes
STRUCTURE ATTRIBUTES		
Property Description	Residential Industrial Commercial	
Surrounding Land Use repeat	Residential Industrial Commercial School Mining Other: _____	
Year of Construction	_____ Unknown	
Square Footage		
Construction Material	Wood frame Masonry/Stone Other: _____	
Number of Floors Above Ground	1 2 3 Other: _____	
Number of Rooms Per Floor Above Ground	1: _____ 2: _____ 3: _____ Other: _____	
Basement	Yes No	
Heating Source	Wood/Coal Electric Propane/Gas NA Other: _____	
Heat Distribution	Forced air Radiant NA Other: _____	
Was the building remodeled?	Yes No	

CSS Secondary Structure IFF (continued)

Address:_____ BD#_____

Data Item	Value	Notes
CONTAMINANT SCREENING STUDY ASSESSMENT		
Occupant Information	❒ Verbal Interview Complete:_____	
Is there any knowledge of former miners, close relatives of miners, or any highly exposed persons living or visiting the property?	Yes No Unknown	If unknown, why?
Is the resident, past or present, diagnosed with an asbestos-related disease?	Yes No Unknown	If unknown, why?
Indoor Information	❒ Indoor Visual Inspection Complete:_____	
Does the interior have vermiculite attic insulation?	Yes No Unknown	If unknown, why?
Did the interior ever have vermiculite attic insulation? NA applies if attic currently has VCI	Yes No Unknown NA	If unknown, why?
Are there vermiculite additives in any of the building materials?	Yes No Unknown	If unknown, why? Type and location of building material:
Location of indoor vermiculite (circle all that apply)	Attic Walls Crawl Space None Visual in Living Space: Basement, Ground Floor, Second Floor, Attached Garage Other:_____	If in living space, provide specific location:

ADDITIONAL INFORMATION (Note any partial access or sample collection issues)_____

* * * COMMUNICATION RESULT REPORT (FEB. 14. 2007 10:16AM) * * *

FAX HEADER 1: DEQ REMEDIATION DIV
FAX HEADER 2:

TRANSMITTED/STORED : FEB. 14. 2007 10:14AM

FILE MODE	OPTION	ADDRESS	RESULT	PAGE
4093 MEMORY TX		4064427182	OK	10/10

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION

FAX COVER SHEET

DEPARTMENT OF ENVIRONMENTAL QUALITY
REMEDIATION DIVISION
1100 NORTH LAST CHANCE GULCH
PO BOX 200901
HELENA MT 59620-0901
Phone: (406) 841-5040
Fax: (406) 841-5050

DATE: Wednesday, February 14, 2007

TOTAL NUMBER OF PAGES: 10
(including this cover sheet)

TO: ED SURBRUGG
TETRA TECH EM INC

FAX #: 442-7182 (Helena)

FROM: CATHERINE LeCOURS, PROJECT MANAGER
MINE WASTE CLEANUP BUREAU

RC#: 474600

Of course call if you have any questions – this corresponds to an e-mail – and please don't be offended if I stated the obvious.

FAX COVER SHEET

DEPARTMENT OF ENVIRONMENTAL QUALITY
REMEDIATION DIVISION
1100 NORTH LAST CHANCE GULCH
PO BOX 200901
HELENA MT 59620-0901
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DATE: Wednesday, February 14, 2007

TOTAL NUMBER OF PAGES: 10
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MINE WASTE CLEANUP BUREAU

RC#: 474600

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FAX COVER SHEET

DEPARTMENT OF ENVIRONMENTAL QUALITY
REMEDIATION DIVISION
1100 North Last Chance Gulch
PO Box 200901
Helena MT 59620-0901
Phone: (406) 841-5040
Fax: (406) 841-5050

DATE: Wednesday, February 14, 2007

TOTAL NUMBER OF PAGES: 10
(including this cover sheet)

TO: Deb Goeldner, URS/ESAT

FAX #: Phone Code: 115-73-600-8-1-303-312-7801

FROM: CATHERINE LeCOURS, PROJECT MANAGER
Montana Department of Environmental Quality
Remediation Division
Mine Waste Cleanup Bureau

RC#: 474600

COMMENTS:

Of course call if you have any questions – this corresponds to an e-mail – and please don't be offended if I stated the obvious.

* * * COMMUNICATION RESULT REPORT (FEB. 14. 2007 10:20AM) * * *

FAX HEADER 1: DEQ REMEDIATION DIV
FAX HEADER 2:

TRANSMITTED/STORED : FEB. 14. 2007 10:15AM FILE MODE	OPTION	ADDRESS	RESULT	PAGE
4094 MEMORY TX		303 312 7801	OK	10/10

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION

FAX COVER SHEET

DEPARTMENT OF ENVIRONMENTAL QUALITY
REMEDIATION DIVISION
1100 North Last Chance Gulch
PO Box 200901
Helena MT 59620-0901
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Fax: (406) 841-5050

DATE: Wednesday, February 14, 2007

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FAX #: Phone Code: 115-73-600-8-1-303-312-7801

FROM: CATHERINE LeCOURS, PROJECT MANAGER
Montana Department of Environmental Quality
Remediation Division
Mine Waste Cleanup Bureau

RC#: 474600

COMMENTS:

Of course call if you have any questions – this corresponds to an e-mail – and please don't be offended if I stated the obvious.

IS THIS FOR ACTIVITY BASED?

Sheet No.: PA- 00«seq»

LIBBY FIELD SAMPLE DATA SHEET (FSDS) FOR PERSONAL AIR

Field Logbook No: TRXXXX Page No: XXX Sampling Date: format

Address: HOW CAN THESE BE FOR A SINGLE Owner/Tenant:

Business Name: WORKER OVER THE COURSE OF A DAY?

Land Use: Residential School Commercial Mining Roadway Other ( )

Sampling Team: ~~MACTEC CDM Other~~ TEMI Names:

Person Sampled: SSN: WHY? Task:

did not log

Data Item	Cassette 1	Cassette 2	Cassette 3
~~Index ID~~ Sample ID			
Location ID			
Sample Group			
Location Description			
Category (circle)	FS FB-(field blank) LB-(lot blank)	FS FB-(field blank) LB-(lot blank)	FS FB-(field blank) LB-(lot blank)
Matrix Type (circle)	Indoor Outdoor	Indoor Outdoor	Indoor Outdoor
Filter Diameter (circle)	25mm 37mm	25mm 37mm	25mm 37mm
Pore Size (circle)	TEM- .45 PCM- 0.8	TEM- .45 PCM- 0.8	TEM- .45 PCM- 0.8
Flow Meter Type (circle)	Rotometer DryCal NA	Rotometer DryCal NA	Rotometer DryCal NA
Pump ID Number			
Flow Meter ID No.			
Start Date			
Start Time			
Start Flow (L/min)			
Stop Date			
Stop Time			
Stop Flow (L/min)			
Pump fault? (circle)	No Yes NA	No Yes NA	No Yes NA
MET Station onsite?	No Yes NA	No Yes NA	No Yes NA
Sample Type	TWA EXC NA	TWA EXC NA	TWA EXC NA
Field Comments Cassette Lot Number: _____	Archive Blank (circle): Yes No	Archive Blank (circle): Yes No	Archive Blank (circle): Yes No
Entered (LFO) _____	Volpe: Entered _____ Validated _____	Volpe: Entered _____ Validated _____	Volpe: Entered _____ Validated _____

For Field Team Completion (Provide Initials)	Completed by	QC by

15. Were there other ways the vermiculite was used? Yes No If yes please describe:

_____

_____

16. What year was your house built? _____

17. Are you aware of any asbestos-containing products other than Libby vermiculite in your home - such as floor tiles, pipe insulation, siding? Yes No

If yes, please describe: _____

_____

18. Besides work, did any of the family participate in any activities that bring them frequently into contact with the mine/processing facilities/vermiculite? Yes No

If so please describe: _____

_____

Can you think of any way vermiculite might have gotten into your home now or in the past (i.e. on clothing?) Yes No
If so please describe: _____

Do you know of any areas around Troy where vermiculite from the mine has been placed? Yes No If so, please list: _____

_____

19. Is there anything else you would like to say about the mine?

_____

_____

20. Is there anything you'd like more information about?

_____

_____

21. What do you think is the best way to communicate with people in Troy?

a) newspaper, b) newsletter, c) radio, d) civic organizations,
e) meetings, f) other (please describe: _____)

Any other input regarding public outreach, meetings? _____

_____

22. Can you think of any other people we should talk with? Yes No

If yes, who: _____

_____

Interview for Residents/Employees of Troy, Montana

3. How long has your family been living/business operational in Troy?
_____ years

4. How long has your family been living/in business at your current address?
_____ years

5. Do you have outdoor pets? Yes No If yes, do they come inside at all?

_____

6. If you have asbestos-related health concerns, where do you go for information?

_____

7. Do you have any specific asbestos-related health concerns you would like to share? If yes please describe. ** There is no requirement to provide personal/medical information and no guarantee it will remain confidential**

_____

_____

8. Did anyone in your family/employment work at the vermiculite mine or the vermiculite processing operations? If so, please provide job title/description of duties, and approximate dates of employment. If no, skip to Question #11.

Y/N -

Can the PDA automatically jump?

_____

_____

9. Typically after a day of work, did family members working in the vermiculite mining or processing operations (circle one):

a) change clothes at work, or b) wear their work clothes home?

10. How did family members most frequently get to and from the vermiculite work site? (circle one):

a) personal vehicle, b) ride from coworker, c) bus, d) other.

11. To the best of your knowledge, was vermiculite from the mine used in or around your home? Yes No

If no, skip to Question #16.

If so, was the vermiculite used in/around your home purchased from a store? Yes No
If no, where did you get it from?_____

12. Was the vermiculite used for insulation? Yes No

If yes, please describe locations: _____

_____

13. If yes, is dust from the vermiculite insulation often visible in any of the living areas of the house? Yes No

14. Was the vermiculite used for (circle all applicable):

a) gardens, b) planting, c) greenhouse?

PHOTOGRAPH LOG:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

ADDITIONAL INFORMATION:

SECONDARY STRUCTURES (use a separate page for each secondary structure)		
Secondary structures present?	Shed Deck Carport Garage Barn Greenhouse Other: _____	
VCI observed inside secondary structures?	Yes No	*Describe:*
Other insulation in secondary structures?	Yes No Unknown	*Type: Fiberglass* *Cellulose* *Other* _____
Is other insulation in contact with VCI?	Yes No	
Secondary structure finished or used for storage?	Finished Unfinished Storage Vacant Other _____	*Brief description:*
Items in secondary structure in contact with VCI?	Yes No	*Brief description:*
Visual evidence of contamination beneath secondary structures?	Yes No	*Describe:*

EXTERIOR INSPECTION-Continued		
Visual evidence of contamination in driveway?	Yes No	*Describe:*
If visual evidence of contamination, approximate dimensions:	Length _____ feet Width _____ feet	
Vermiculite observed in flower pots/ hanging baskets?	Yes No	*Sketch on property map*
Evidence of fill material on property?	Yes No	*Sketch on property map*
Any underground utilities visible or known to be present?	Yes No	*Describe and sketch on property map:*
Any aboveground utilities observed?	Yes No	*Describe and sketch on property map:*

EXTERIOR INSPECTION		
Evidence of vermiculite used in building materials?	Yes No	
Visible vermiculite on property?	Yes No	*Sketch on property map*
Vegetation/cover *contaminated area only*	Grass None Other: _____	
Trees within contaminated area?	Yes No	*Locations, type and size:*
Shrubs within contaminated area?	Yes No	*Locations, type and size:*
Fence present within contaminated area?	Yes No	*Describe:*
Items located on contaminated area?	Yes No	*Describe:*
Number of flowerbeds that have visible vermiculite in soil?		*Sketch on property map*
Contaminated flowerbeds contain flowers/plants?	Yes No	*Describe:*
Number of gardens that have visible vermiculite in soil?		*Sketch on property map*
Garden contains crops?	Yes No	*Describe:*
Type of driveway:	Concrete Gravel Asphalt Soil Other _____ None	

PRIMARY STRUCTURE UTILITIES (check all that apply)		
Heating system for primary structure:	Fuel Oil Electric Propane Wood Stove Other: _____	
Heating type:	Forced air Radiant heat	
Electrical shutoff system observed?	Breaker box Fuse box Other: _____	*Sketch on property map*
Water source	City water Private well Other: _____	

PRIMARY STRUCTURE UNDERSTRUCTURE (use a separate form if differing understructures for a single primary structure)		
Type of understructure	Basement Crawlspace Other: _____ None	
Access to understructure	Yes No	*Locations:*
VCI observed in understructure?	Yes No	

PRIMARY STRUCTURE LIVING SPACE (use a separate form for each building level if additional detail is necessary)		
Number and type of room in building; furnished/unfurnished (not including attic)	Basement: Ground floor: First floor: Second floor: Other: _____	
Ceiling cracks as viewed from living space?	Yes No	*Sketch on property map*
Utility conduits in attic leading to living space?	Yes No	*Sketch on property map*
If yes, was VCI observed around conduits?	Yes No	
Is VCI visible in HVAC registers?	Yes No	
Vermiculite observed in houseplant soil?	Yes No	*Describe:*
Evidence of vermiculite used in building materials?	Yes No	*Describe:*

PRIMARY STRUCTURE ATTIC-Continued (use a separate form for each separate attic space)		
Attic shows evidence of physical damage?	Yes No	*Brief description:*
Attic shows evidence of water damage?	Yes No	*Brief description:*
Apparent structural condition of roof	Good Poor	
Any other structural concerns?		
VCI observed in attic?	Yes No	*Sketch on property map and describe:*
Depth of VCI in attic	_____ inches	
Square footage of area with VCI?	_____ square feet	
Items in attic in contact with VCI?	Yes No	*Brief description:*
Other insulation in attic?	Yes No	*Type: Fiberglass Cellulose Other*
VCI in interior walls?	Yes No Unknown	
VCI in exterior walls?	Yes No Unknown	
Other insulation in walls?	Yes No Unknown	*Type: Fiberglass Cellulose Other*
Is other insulation in contact with VCI?	Yes No	*Brief description:*
Is VCI visibly leaking into living space?	Yes No	*Brief description:*

Sheet Number ____of____

TROY ASBESTOS PROPERTY EVALUATION
FIELD SAMPLE DATA SHEET
Dust Sampling

Physical Address: _____

Property Identification Number: AD - _____

Building Identification Number: BD - _____

Owner: _____

Building Description: Primary Garage Barn Shed Other _____

Building Use: Residential School Commercial Other _____

Date: _____

Field Logbook No.: _____ Pages No.: _____

Sampling Team: _____

Data Item	Sample 1	Sample 2	Sample 3
Sample ID (TT)			
Location Description (room)			
Category	FS_____ FD_____ Blank_____	FS_____ FD_____ Blank_____	FS_____ FD_____ Blank_____
Matrix	Building Vehicle Other _____	Building Vehicle Other _____	Building Vehicle Other _____
Sample Area (cm^2)	300 Other _____	300 Other _____	300 Other _____
Filter Diameter	.45um .37 um	.45um .37 um	.45um .37 um
Pore Size	TEM PCM	TEM PCM	TEM PCM
Flow Meter Type			
Flow Meter ID No.			
Pump ID No.			
Start Time			
Start Flow (l/min)			
Stop Time			
Stop Flow (l/min)			
Pump Fault?	No Yes	No Yes	No Yes
Map Location			
Field Comments			
	Entered_____ Validated _____	Entered_____ Validated _____	Entered_____ Validated _____

Sheet Number ____of____

TROY ASBESTOS PROPERTY EVALUATION
FIELD SAMPLE DATA SHEET
Soil-Like Materials

Physical Address: _____

Property Identification Number: AD - _____

Owner: _____

Land Use: Residential School Commercial Mining Logging
Roadway Other_____

Date: _____

Field Logbook No.: _____ Pages No.: _____

Sampling Team: _____

Data Item	Sample 1	Sample 2	Sample 3
Sample ID (TT)			
~~GPS~~ Recorded? (Obvious)	No Yes	No Yes	No Yes
Sample Point ID (SP)			
Category	FS_____ FD_____	FS_____ FD_____	FS_____ FD_____
Matrix	Surface Soil Sod Fill Mining Waste Other _____	Surface Soil Sod Fill Mining Waste Other _____	Surface Soil Sod Fill Mining Waste Other _____
Location Description	Yard Garden Planter Play Area Driveway Other _____	Yard Garden Planter Play Area Driveway Other _____	Yard Garden Planter Play Area Driveway Other _____
Type	Grab Composite - # subsamples: _____	Grab Composite - # subsamples: _____	Grab Composite - # subsamples: _____
Sample Time			
Top Depth (in.)			
Bottom Depth (in.)			
Map Location			
Field Comments			
	Entered_____ Validated _____	Entered_____ Validated _____	Entered_____ Validated _____

Interview for Residents/Employees of Troy, Montana

Date_____ Time:_____ Interviewers: _____

_____

Physical Address of Property: _____

Property Identification Number: AD-_____

	Name	Mail Address	Physical Address	Contact Phone
Property Owner				
Property Occupant				

Multiple

If you need more room for responses, please continue writing on the back of each page, with the question number clearly identified.

1. Primary contact name and phone number (for follow-up questions/concerns):

_____

2. Names and approximate age of all residents of the house or workers in the commercial establishment – enter information into table below (indicate with an * all members that participated in the interview). Comments – indicate if seasonal resident/employee, temporary resident/employee, any other pertinent info offered.

Name	Age	Comments

AD – ~~BD~~ - _____

Troy, MT Inspection Field Form

Physical Address: _____

Property Identification Number: AD - _____

~~Building Number: BD - _____ (Insert at top right of each page of IFF)~~

Commercial or residential property (circle one)? Commercial Residential Both

Site visit date and time: _____

Field log book number and page: _____

Inspection team members: _____

Owner/primary contact providing access: _____

Phone number for primary contact: _____

Inspection Form	If Used, how many separate sheets	Not Used
Primary Structure Attic	one BD	
Primary Structure Living Space		
Primary Structure Understructure		
Primary Structure Utilities		
Exterior Inspection (no BD separate)		
Secondary Structures (BD's)		

add column for BD# to correspond to each sheet used

Inspection Item	Value	Comments
PRIMARY STRUCTURE ATTIC (use a separate form for each separate attic space)		
Type of attic	Finished Unfinished	
Multiple attics?	Yes No Attics within attics	
Location of attic entries	Inside house Outside house None	*Sketch location on property map*
Number of attic entries	1 2 3 Other:____	
Type of attic entry	Stairs Door Removable panel Other:	*If unusual shape/size, please note*
Attic used for storage?	Yes No	*Brief description:*
Kneewalls present?	Yes No	
Areas behind kneewalls accessed?	Yes No	*If yes, describe access:*
Areas behind kneewalls used for storage?	Yes No	*Brief description:*
Is finished attic furnished?	Yes No	*Brief description:*
Factors impeding potential cleanup? (i.e., presence of support beams/exposed electrical wires/HVAC)	Yes No	*Brief description:*
General condition of ceiling and floors	Good Poor	
Can all areas in attic be accessed?	Yes No	
Are any areas in attic segregated into individual rooms?	Yes No	*Brief description:*